

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037694

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9661

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1	
2	8120
3	
4	1
5	D
6	
7	1
8	1
9	
10	
11	
12	81-0
13	
81	

115 OCT 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
9 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Luke's HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Madison

c. CITY OR TOWN Granite City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
4129 Braden Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

BARBARA

Middle

JEANNE

Last

JOHNSON

4. DATE OF DEATH

Month

Day

Year

9

26

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-28-60

9. AGE (last birthday)

3

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
none10b. KIND OF BUSINESS OR INDUSTRY  
none11. BIRTHPLACE (City and state or country)  
Granite City, Ill.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Lloyd L. Johnson

13b. MOTHER'S MAIDEN NAME

Helen Rudder

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

4129 Address Braden

Lloyd L. Johnson Granite City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain tumor verified - astrocytoma

INTERVAL BETWEEN ONSET AND DEATH

9 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pons &amp; midbrain

DUE TO (c)

Edema cerebral - post op.

1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

193.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-17-63 to 9-26-63 and last saw her alive on 9-26-63

Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George Rowan M.D.

22b. ADDRESS Beaumont Med. Bldg.

St. Louis Mo.

22c. DATE SIGNED

9-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE

9-28-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill

23d. LOCATION (City, town, or county)

Madison County, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

John L. Sedlack Granite City, Illinois

25. DATE RECD. BY LOCAL REG.

SEP 27 1963

26. REGISTRAR'S SIGNATURE

H. Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup>embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John T. Sedlack  
Licensed Embalmer No. 3747

P. O. Address Madison, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.